



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
REQUEST FOR WORK EXPERIENCE – COSMETOLOGY

BOARD OF COSMETOLOGY AND
BARBER EXAMINERS
P.O. BOX 1062
JEFFERSON CITY, MISSOURI 65102
TELEPHONE (573) 751-1052

20 CSR 2085-8.010(6): An instructor trainee applicant requesting credit for full-time work experience as a licensed Class CA, Class CH, Class MO or Class E shall submit to the Board an affidavit of work experience completed by each employer on a form supplied by the Board. Three (3) years of experience may be substituted for three hundred (300) hours of training. Three hundred (300) hours will be proportionately reduced for experience greater than six (6) months but less than three (3) years.

INSTRUCTIONS

1. Complete the below information to show your proof of work experience in order to obtain credit.
2. Use the reverse side for additional work experience.
3. Return the completed application to: Board of Cosmetology & Barber Examiners
PO Box 1062
Jefferson City, MO 65102

APPLICANT INFORMATION

NAME OF APPLICANT	APPLICANT LICENSE NUMBER
ADDRESS OF APPLICANT	SOCIAL SECURITY NUMBER
EMAIL ADDRESS	

☐ (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.

EMPLOYMENT INFORMATION

NAME OF ESTABLISHMENT	
ADDRESS	
ESTABLISHMENT LICENSE NUMBER	ESTABLISHMENT TELEPHONE NUMBER
ESTABLISHMENT OWNER NAME	
DATES OF EMPLOYMENT	
FROM	TO

**MUST BE SIGNED IN
PRESENCE OF NOTARY**

SIGNATURE OF EMPLOYER/SALON OWNER	DATE
▶	

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		USE RUBBER STAMP IN CLEAR AREA BELOW.

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